



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

March 20, 2018

PWS No. 5710007

Certified Mail Return/Receipt
No. 7009 2250 0004 3622 8518

Steve Knightly, General Manager
Esparto Community Services District
26490 Woodland Avenue
Esparto, CA 95627

**ESPARTO COMMUNITY SERVICES DISTRICT PUBLIC WATER SYSTEM (PWS NO.
5710007)
CITATION NO. 01-09-18C-005
TOTAL COLIFORM MONITORING AND REPORTING VIOLATION
FOR SEPTEMBER 2017**

Enclosed is a copy of the Division of Drinking Water Citation No. 01-09-18C-005 issued to the Esparto Community Services District (hereinafter "System") public water system (PWS No. 5710007). Please note there are certain deadlines associated with this Citation.

This citation nullifies and replaces Citation No. 01-09-18C-004 that was issued on March 5, 2018.

The System will be billed, at the State Water Resources Control Board's (hereinafter "State Board") hourly rate, (currently estimated at \$167.00) for the time spent on issuing this Citation. California Health and Safety Code, Section 116577, provides that a public water system must reimburse the State Board for actual costs incurred by the State Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the State Board has spent approximately 2 hour(s) on enforcement activities associated with this violation.

The System will receive a bill sent from the State Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the System for the current fiscal year.

FELICIA MARCUS, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

1001 I Street, Sacramento, CA 95814 | Mailing Address: P.O. Box 100, Sacramento, CA 95812-0100 | www.waterboards.ca.gov

Any person who is aggrieved by an order or decision issued by the Deputy Director of the Division of Drinking Water under Article 8 (commencing with Health and Safety Code section 116625) or Article 9 (commencing with Health and Safety Code section 116650), of the Safe Drinking Water Act (Chapter 4, Part 12, Division 104, of the Health and Safety Code) may file a petition with the State Water Board for reconsideration of the order or decision. Attachment C to the enclosed citation contains the relevant statutory provisions for filing a petition for reconsideration. (Health and Safety Code section 116701)

Petitions must be received by the State Board within 30 days of the issuance of the order or decision by the Deputy Director. The date of issuance is the date when the Division of Drinking Water mails a copy of the order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m.

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions, please feel free to contact me at (916) 445-5285 or via email at Ali.rezvani@waterboards.ca.gov, or contact Salvador Turrubiarres at (916) 552-9998 or via email at Salvador.Turrubiarres@Waterboards.ca.gov.

Sincerely,



Ali R. Rezvani, P.E.,
Sacramento District Engineer
Division of Drinking Water
STATE WATER RESOURCES CONTROL BOARD

Enclosures

cc: Salvador Turrubiarres, P.E., Associate Sanitary Engineer, DDW, SWRCB

Jianmin Huang, Supervising Environmental Health Specialist
County of Yolo, Department of Community Services
292 West Beamer Street
Woodland, CA 95695

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

TO: Esparto Community Service District
P.O Box 15170
Sacramento, CA 96851

Attn: Steve Knightly, General Manager
Esparto Community Service District

**CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS,
TITLE 22, DIVISION 4, CHAPTER 15, ARTICLE 3, SECTION 64426.1
WATER SYSTEM NO. 5710007
CITATION NO. 01-09-18C-005
Issued on March 20, 2018**

Section 116650 of the California Health and Safety Code (CHSC) authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, Article 1, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

In accordance with CHSC, Division 104, Part 12, Chapter 4, Article 1, Section 116271, the State Water Resources Control Board, acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to the Esparto Community

1 Service District public water system (PWS# 5710007) (hereinafter, Water System)
2 (26490 Woodland Avenue, Esparto, CA 95627) for violation of California Code of
3 Regulations (CCR), Title 22, Division 4, Article 3, Section 64426.1.

4
5 **APPLICABLE AUTHORITIES**

6 **CHSC, Division 104, Part 12, Chapter 4, Article 1, Section 116275(b), (o), (ab) &**
7 **(ac) state:**

8 (b) "Department" means the state board.

9 (ab) "State board" means the State Water Resources Control Board.

10 (ac) "Deputy director" means the deputy director appointed by the state board
11 pursuant to subdivision (k) of Section 116271.

12
13 **CHSC, Division 104, Part 12, Chapter 4, Article 9, Section 116650 states:**

14 (a) If the state board determines that a public water system is in violation of this
15 chapter or any regulation, permit, standard, citation, or order issued or
16 adopted thereunder, the state board may issue a citation to the public water
17 system. The citation shall be served upon the public water system personally
18 or by certified mail. Service shall be deemed effective as of the date of
19 personal service or the date of receipt of the certified mail. If a person to
20 whom a citation is directed refuses to accept delivery of the certified mail, the
21 date of service shall be deemed to be the date of mailing.

22 (b) Each citation shall be in writing and shall describe the nature of the violation
23 or violations, including a reference to the statutory provision, standard, order,
24 citation, permit, or regulation alleged to have been violated.

25 (c) A citation may specify a date for elimination or correction of the condition
26 constituting the violation.

(d) A citation may include the assessment of a penalty as specified in subdivision(e).

(e) The state board may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation and shall be in addition to any liability or penalty imposed under any other law.

CCR, Title 22, Division 4, Chapter 16, Article 3, Section 64423 in relevant parts states:

(a) Each water supplier shall collect routine bacteriological water samples as follows:

(1) The minimum number of samples for community water systems shall be based on the known population served or the total number of service connections, whichever result in the greater number of samples, as shown in Table 64423-A.

(c) If any routine, repeat, or replacement sample is total coliform-positive, then the water supplier shall collect repeat samples in accordance with Section 64424 and comply with the reporting requirements specified in Sections 64426 and 64426.1.

Table 64423-A

Minimum Number of Routine Total Coliform Samples

<i>Monthly Population Served</i>	<i>Service Connections</i>	<i>Minimum Number of Samples</i>
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month

5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week
59,001 to 70,000	21,101 to 25,000	18 per week
70,001 to 83,000	25,001 to 29,600	20 per week
83,001 to 96,000	29,601 to 34,300	23 per week
96,001 to 130,000	34,301 to 46,400	25 per week
130,001 to 220,000	46,401 to 78,600	30 per week
220,001 to 320,000	78,601 to 114,300	38 per week
320,001 to 450,000	114,301 to 160,700	50 per week
450,001 to 600,000	160,701 to 214,300	55 per week
600,001 to 780,000	214,301 to 278,600	60 per week
780,001 to 970,000	278,601 to 346,400	70 per week
970,001 to 1,230,000	346,401 to 439,300	75 per week
1,230,001 to 1,520,000	439,301 to 542,900	85 per week
1,520,001 to 1,850,000	542,901 to 660,700	90 per week
1,850,001 to 2,270,000	660,701 to 810,700	98 per week
2,270,001 to 3,020,000	810,701 to 1,078,600	105 per week
3,020,001 to 3,960,000	1,078,601 to 1,414,300	110 per week
3,960,001 or more	1,414,301 or more	120 per week

CCR, Title 22, Division 4, Chapter 16, Article 3, Section 64424(c) in relevant parts states:

(c) If one or more samples in the repeat sample set is total coliform-positive, the water supplier shall collect and have analyzed an additional set of repeat samples as specified in subsections (a) and (b). The supplier shall repeat this process until either no coliforms are detected in one complete repeat sample set or the supplier determines that the MCL for total coliforms specified in Section 64426.1 has been exceeded and notifies the State Board.

1 **CCR, Title 22, Division 4, Chapter 16, Article 3, Section 64426.1 in relevant parts**
2 **states:**

3 (a) Results of all samples collected in a calendar month pursuant to Section
4 64423, 64424, and 64425 that are not invalidated by the State Board or
5 laboratory shall be included in determining compliance with the total coliform
6 MCL.

7 (b) A public water system is in violation of the total coliform MCL when any of the
8 following occurs:

9 (2) For a public water system which collects fewer than 40 samples per
10 month, more than one sample collected during any month is total
11 coliform-positive;

12
13 **CCR, Title 22, Division 4, Chapter 16, Article 3, Section 64463.7 in relevant parts**
14 **states:**

15 (a) Each water system shall give public notice pursuant to this section if any of the
16 following occurs:

17 (1) Monitoring violations;

18 (2) Failure to comply with a testing procedure, except where a Tier 1 public
19 notice is required pursuant to section 64463.1 or the State Board
20 determines that a Tier 2 public notice is required pursuant to section
21 64463.4; or

22 (3) Operation under a variance or exemption.

23 (b) Each water system shall give the public notice within one year after it learns of
24 the violation or begins operating under a variance or exemption.

25 (1) The water system shall repeat the public notice annually for as long as
26 the violation, variance, exemption, or other occurrence continues.

- 1 (2) Posted public notices shall remain in place for as long as the violation,
2 variance, exemption, or other occurrence continues.
- 3 (3) Instead of individual Tier 3 public notices, a water system may use an
4 annual report detailing all violations and occurrences for the previous
5 twelve months, as long as the water system meets the frequency
6 requirements specified in this subsection.
- 7 (c) Each water system shall deliver the notice in a manner designed to reach
8 persons served within the required time period, as follows:
- 9 (1) Unless otherwise directed by the State Board in writing based on its
10 assessment of the violation or occurrence and the potential for adverse
11 effects on public health and welfare, community water system shall give
12 public notice by
- 13 (A) Mail or direct delivery to each customer receiving a bill including
14 those that provide their drinking water to others (e.g., schools or
15 school systems, apartment building owners, or large private
16 employers), and other service connections to which water is
17 delivered by the water system; and
- 18 (B) Use of one or more of the following methods to reach persons not
19 likely to be reached by a mailing or direct delivery (renters, university
20 students, nursing home patient, prison inmates; etc.):
- 21 1. Publication in a local newspaper;
22 2. Posting in conspicuous public places served by the water
23 system, or on the Internet; or
24 3. Delivery to community organizations.
- 25 (d) Community and nontransient-noncommunity water systems may use the
26 Consumer Confidence Report pursuant to sections 64480 through 64483, to



1 meet the initial and repeat Tier 3 public notice requirements in subsection
2 64463.7(b), as long as the Report meets the following:

- 3 (1) Is given no later than one year after the water system learns of the
4 violation or occurrence;
5 (2) Includes the content specified in Section 64465; and
6 (3) Is distributed pursuant to paragraph (b)(1) and (2) or subsection (c).

7
8 **STATEMENT OF FACTS**

9 The Esparto Community Service District public water system is operated under a
10 Domestic Water Supply Permit No. 83-004, issued by the Division on February 11,
11 1983 (primary permit). The Division is in the process of finalizing a water supply
12 permit amendment to reflect the current water system.

13
14 The Water System is a community public water system serving a population of
15 approximately 3,108 through 991 service connections. The primary source of supply
16 for the Water System is groundwater. The Water System treats its water with
17 chlorination (sodium hypochlorite). Finished water is delivered to the distribution
18 system, which has one pressure zone and one storage tank (500,000 gallon
19 capacity).

20
21 CCR, Title 22, Division 4, Chapter 15, Article 3, Section 64423 requires the Water
22 System to collect a minimum of three (3) samples per month for analysis of coliform
23 bacteria content to determine compliance with the MCL for total and fecal coliform
24 bacteria. According to the Water System's Bacteriological Sample Siting Plan
25 (BSSP), dated June 13, 2011, two routine samples are collected per month for
26 bacteriological analysis plus raw water samples from the Water System's active

1 sources per quarter. This BSSP is determined to be outdated and should be revised
2 with three routine samples collected per month.

3
4 During September 2017, the Water System collected 10 samples for bacteriological
5 monitoring. Of the 10 routine samples collected during September 2017, two routine
6 samples had results of total coliform-positive, E.coli-negative.

7
8 On September 7, 2017, the Water System collected its first routine sample for the
9 month. Sample results collected from the distribution system were total coliform-
10 positive, E.coli-negative. On September 11, 2017, the Water System collected a
11 repeat sample set from the distribution system and from its three active sources (Well
12 1A, Well 5B, and Well 6) in response to September 7, 2017, total coliform-positive.
13 One of 10 samples collected on September 11, 2017, was total coliform-positive,
14 E.coli-negative, from the same routine sample site location.

15
16 Raw water samples collected on September 11, 2017, was total coliform-negative. On
17 September 13, 2017, the Water System collected a repeat sample set from the
18 distribution system in response to September 11, 2017, total coliform-positive.

19
20 The distribution samples collected on September 13, 2017, was total coliform-
21 negative.

22
23 The Water System had a total of two total coliform-positive results for the month of
24 September 2017, which resulting in non-compliance with Total Coliform Rule (TCR)
25 MCL.

1 **DETERMINATION**

2 The Water System failed to comply with the regulations for total coliform MCL
3 compliance during the month of September 2017. Consequently, the Division has
4 determined that the Water System violated Section 64426.1, Article 3, Chapter 15,
5 Division 4, Title 22 of the CCR for the month of September 2017.

6
7
8 **DIRECTIVES**

9 The Water System is hereby directed to take the following actions:

- 10
11 1. Comply with Sections 64423 and 64426.1, Article 3, Chapter 15, Division 4,
12 Title 22 of the CCR in future monitoring periods.
- 13
14 2. Using template provided in 'Attachment 1' of this Citation, complete public
15 notification in accordance to Section 64463.7, Article 18, Chapter 15, Division
16 4, Title 22, of the CCR. Section 64463.7 allows the Water System to utilize the
17 2017 Consumer Confidence Report to meet the requirement of notification.
- 18
19 3. The Water System shall include this violation in the 2017 Consumer
20 Confidence Report in accordance with Section 64481(g)(1), Article 20, Chapter
21 15, Division 4, Title 22 of the CCR.
- 22
23 4. Using template provided in 'Attachment 2' of this Citation, complete and return
24 "Certification of Completion of Public Notification" form within 10 days of receipt
25 of giving public notice. A copy of the notice used to provide public notification
26 shall be attached to the form.
- 27

1 5. Within 30 days of receipt of this Citation, the Water System shall submit a
2 written response to the Division indicating its willingness to comply with
3 directives of this Citation.
4

5 6. Using template provided in 'Attachment 3' of this Citation, and within 30 days of
6 receipt of this Citation, the Water System shall complete and return "Level 1
7 Assessment", in accordance to the Federal revised Total Coliform Rule, and
8 submit its findings to the Sacramento District of the Division for review and
9 comments.
10

11 7. The Water System shall collect at least three routine bacteriological samples
12 (total coliform, E.coli) per month. Using template provided in 'Attachment 4' of
13 this Citation, the Water System should submit a Bacteriological Sample Siting
14 Plan that complies with Section 64423, Article 3, Chapter 15, Division 4, Title
15 22 of the CCR, by April 15, 2018.
16

17 8. This Citation nullifies and replaces Citation No. 01-09-18-004 that was issued
18 on March 5, 2018
19

20 The Division reserves the right to make such modifications to this Citation as it may
21 deem necessary to protect public health and safety. Such modifications may be
22 issued as amendments to this Citation, and shall be deemed effective upon issuance.
23

24 Nothing in this Citation relieves Esparto Community Services District of its obligation
25 to meet the requirements of the California Safe Drinking Water Act (SDWA), or of any
26 regulation, permit, standard, or order issued or adopted thereunder.
27

1 All submittals required by this Citation shall be submitted to the Division at the
2 following address:

3
4 Ali R. Rezvani, P.E.
5 Sacramento District Engineer
6 Division of Drinking Water
7 State Water Resources Control Board
8 1001 I Street 17th Floor
9 Sacramento, CA 95814
10 (916) 449-5600
11
12

13 **PARTIES BOUND**

14 This Citation shall apply to and be binding upon the Esparto Community Services
15 District, its officers, directors, shareholders, agents, employees, contractors,
16 successors, and assignees.
17

18 **SEVERABILITY**

19 The Directives of this Citation are severable, and the Esparto Community Service
20 District shall comply with each and every provision thereof, notwithstanding the
21 effectiveness of any other provision.
22

23 **FURTHER ENFORCEMENT ACTION**

24 The California SDWA authorizes the Division to: issue citation with assessment of
25 administrative penalties to a public water system for violation or continued violation of
26 the requirements of the California SDWA or any permit, regulation, permit or order
27 issued or adopted thereunder including, but not limited to, failure to correct a violation
28 identified in a citation or compliance order. The California SDWA also authorizes the
29 Division to take action to suspend or revoke a permit that has been issued to a public

1 water system if the system has violated applicable law or regulations or has failed to
2 comply with an order of the Division; and to petition the superior court to take various
3 enforcement measures against a public water system that has failed to comply with
4 violates an order of the Division. The Division does not waive any further enforcement
5 action by issuance of this citation.

6
7
8 March 20, 2018

9 Date



Ali R. Rezvani, P.E.
Sacramento District Engineer
Division of Drinking Water
State Water Resources Control Board

13
14
15 Attachments 4:

- 16 1. Public Notification Template
- 17 2. Proof of Notification Form
- 18 3. Level 1 Assessment Form
- 19 4. Bacteriological Sample Siting Plan Template



22
23 Certified Mail No. **7009 2250 0004 3622 8518**

ATTACHMENT 1:

PUBLIC NOTIFICATION TEMPLATE

Instructions for Tier 3 Violations Annual Notice Template

Template Attached

Since most monitoring violations are included in Tier 3, you must provide public notice to persons served within one year after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.7(b)]. Multiple monitoring violations can be serious. **Each water system required to give public notice must submit the notice to the State Water Resources Control Board, Division of Drinking Water (DDW) for approval prior to distribution or posting, unless otherwise directed by the DDW [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
Community Water System [64463.7(c)(1)]	Mail or direct delivery ^(a)	Publication in a local newspaper
		Posting ^(b) in conspicuous public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.7(c)(2)]	Posting in conspicuous locations throughout the area served by the water system ^(b)	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting ^(b) on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above, insertion in an annual notice, or included in the Consumer Confidence Report¹. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the standard language for monitoring and testing

¹ CCR may be used as long as public notification timing, content, and delivery requirements are met [64463.7(d)].

procedure violations and notification language in italics unchanged. This language is mandatory [64465].

You may need to modify the template for a notice for individual monitoring violations. The template presents violations in a table; however, you may write out an explanation for each violation if you wish. For any monitoring violation for volatile organic compounds (VOCs) or other groups, you may list the group name in the table, but you must provide the name of every chemical in the group on the notice (e.g., in a footnote). An example is shown in the table below.

<i>Contaminant</i>	<i>Required Sampling Frequency</i>	<i>Number of Samples Taken</i>	<i>When All Samples Should Have Been Taken</i>	<i>When Samples Were or Will Be Taken</i>
VOCs ^(a)	1 sample every 3 years	None	2002 – 2005	February 2006

(a) Benzene; Carbon Tetrachloride; 1,2-Dichlorobenzene; 1,4-Dichlorobenzene; 1,1-Dichloroethane; 1,2-Dichloroethane; 1,1-Dichloroethylene; cis-1,2-Dichloroethylene; trans-1,2-Dichloroethylene; Dichloromethane; 1,2-Dichloropropane; 1,3-Dichloropropane; Ethylbenzene; Methyl-*tert*-butyl ether; Monochlorobenzene; Styrene; 1,1,2,2-Tetrachloroethane; Tetrachloroethylene; Toluene; 1,2,4-Trichlorobenzene; 1,1,1-Trichloroethane; 1,1,2-Trichloroethane; Trichloroethylene; Trichlorofluoromethane; 1,1,2-Trichloro-1,2,2-Trifluoroethane; Vinyl Chloride; and Xylenes.

You may need to modify the notice if you had any monitoring violations for which monitoring later showed a maximum contaminant level or other violation. In such cases, you should refer to the public notice you issued at that time.

Multilingual Requirement

The notice must (1) be provided in English, Spanish, and the language spoken by any non-English-speaking group exceeding 10 percent of the persons served by the water system and (2) include a telephone number or address where such individuals may contact the water system for assistance.

If any non-English-speaking group exceeds 1,000 persons served by the water system, but does not exceed 10 percent served, the notice must (1) include information in the appropriate language(s) regarding the importance of the notice and (2) contain the telephone number or address where such individuals may contact the water system to obtain a translated copy of the notice from the water system or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Corrective Actions

In your notice, describe corrective actions you took or are taking. Listed below are some steps commonly taken by water systems with monitoring violations. Choose the appropriate language, or develop your own:

- “We have since taken the required samples, as described in the last column of the table above. The samples showed we are meeting drinking water standards.”
- “We have since taken the required samples, as described in the last column of the table above. The sample for [contaminant] exceeded the limit. [Describe corrective action; use information from public notice prepared for violating the limit.]”
- “We plan to take the required samples soon, as described in the last column of the table above.”

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the DDW within ten days after you issue the notice [64469(d)]. You should also issue a follow-up notice in addition to meeting any repeat notice requirements the DDW sets.

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

It is a good idea to issue a “problem corrected” notice when the violation is resolved.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

Esparto Community Service District Had Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system failed a drinking water standard during the past year and, therefore, was in violation of the regulations. Even though this failure was not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During September 2017, we took ten (10) sample(s) to test for the presence of coliform bacteria. Two (2) of ten of these samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month show the presence of coliform bacteria.

What should I do?

- There is nothing you need to do at this time.
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other; potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

[Describe corrective action].

For more information, please contact [name of contact] at [phone number] or [mailing address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by Esparto Community Services District.

State Water System ID#: 5710007. Date distributed: _____.

Esparto Community Service District (PWS No. 5710007)

Citation No. 01_09_18C_005

March 20, 2018

ATTACHMENT 2:

PROOF OF NOTIFICATION FORM

PROOF OF NOTIFICATION**Citation No. 01_09_18C_005****Name of Water System: Esparto Community Service District****Public System Number: CA5710007****Certification**

As required by Section 116450 of the California Health and Safety Code, we notified the users of the water supplied by the Esparto Community Service District public water system of the violation of the Total Coliform Maximum Contaminant Level (MCL) during the September 2017. We complied with Citation No. 01_09_18C_005 as indicated below:

Required Action	Date Completed
Public Notification – Daily Newspaper Notice	<input type="text"/>
Public Notification – Mail or Hand Delivery	<input type="text"/>

 Signature of Water System Representative

 Date

Please attach a copy of the notice as published in the daily newspaper within the areas served by the system.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPARTMENT

Disclosure: Be advised that Section 116725 and 116730 of the California Health and Safety Code states that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in county jail not to exceed one year, or by both the fine and imprisonment.

ATTACHMENT 3:

LEVEL 1 ASSESSMENT FORM

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Groundwater System with Chlorination and Storage



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:		
Operator in Responsible Charge (ORC)			
Person that collected TC samples			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Coliform Treatment Technique Trigger:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

TREATMENT

	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS (attach additional pages if needed)
1. If you provide continuous chlorination, was there any equipment failure?					
a. Did this result in a loss of chlorine residual at the entry point to distribution system? If Yes, how long?					
b. Was emergency chlorination initiated? If Yes, how long?					
c. Did the distribution system lose chlorine residual?					

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TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS (attach additional pages if needed)
2. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?						
3. Inspect each point where disinfectant is added and report						
a. Is the disinfectant feed pump feeding disinfectant?						
b. What is the feed rate of disinfectant in ml/minute?						
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)						
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)						
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?						
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?						
g. What is the total chlorine residual measured immediately downstream from the point of application?						
h. What is the free chlorine residual measured immediately downstream from the point of application?						
i. What is the contact time in minutes from the point of disinfectant application to the first customer?						

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).				

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SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)		Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?					
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?					
11. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?					

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks?					
6. Is the tank above ground or buried?					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?					
9. What is the volume of the storage tank in gallons?					
10. Is the tank baffled?					
11 Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?					

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. What is the volume of the pressure tank?					
2. What is the age of the pressure tank?					
3. Is the pressure tank bladder type or air compressor type?					
4. Did the pressure tank(s) deviate from normal operating pressure?					

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PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
5. Is the compressor pump running more often than normal?						
6. Is the tank bladder(s) is water logged?						
7. Is the tank(s) damaged, rusty, leaking, or has holes?						
8. Was there any recent work performed?						
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?						
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?						

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross-connection control program?	
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	
12. When was the last physical survey of the system done to identify cross-connections?	

BOOSTER STATION	Response
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	

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GENERAL OPERATIONS:		Response
2.	Does the water system have a written sampling procedure and was it followed?	
3.	Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
4.	Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	
5.	Does the system have backup power or elevated storage?	
6.	During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
7.	What were the symptoms of illness if you received complaints about customers being sick?	

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	
2.	
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Completion/Proposed Date
1.		
2.		
3.		
4.		
5.		

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Groundwater System with Chlorination and Storage

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CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: _____ **TITLE:** _____ **DATE:** _____

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

ATTACHMENT 4:

BACTERIOLOGICAL SAMPLE SITING PLAN TEMPLATE



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

BACTERIOLOGICAL SAMPLE SITING PLAN

PART A - System Information:

Name of Facility: _____ System Number: _____
Street Address: _____ Phone Number: _____
Mailing Address: _____ Fax: _____
Population Served: _____ Service Connections: _____
Number of Samples: _____ Sampling Frequency: _____

PART B - Sample Collection:

All water samples will be collected by: _____
Name of Laboratory: _____
Mailing Address: _____
State Lab Code: _____ Phone #: _____ Fax #: _____
The Laboratory was sent a copy of this plan on: _____

PART C - Raw Water Sampling:

Is water continuously treated with chlorine? ☐ YES ☐ NO (Skip to Part D)
Systems which provide continuous chlorine treatment are required to take samples of water *prior* to the addition of chlorine (raw water samples) on a quarterly basis. Please list below the sources which are continuously treated and the months when raw water samples will be taken:

1. _____ Months sampled: _____
2. _____ Months sampled: _____

PART D - Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? ☐ YES ☐ NO

(OVER)

FELICIA MARCUS, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

1001 I Street, Sacramento, CA 95814 | Mailing Address: P.O. Box 100, Sacramento, CA 95812-0100 | www.waterboards.ca.gov



BACTERIOLOGICAL SAMPLE SITING PLAN (cont.)

Sample Locations:

The following describes each routine sample location, what months the location will be sampled, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample:

Routine Sample Location:

1. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, sink faucet, etc.)

Ψ Ground water triggered source(s) to sample³: _____ (List Sources)
(Collect one sample for *E. coli* from each ground water source on line in the past 30 days of collection and representative of the routine total coliform-positive sample result within 24 hours of being notified of the positive sample result.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (ONLY IF REQUIRED)

2. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, sink faucet, etc.)

Ψ Ground water triggered source(s) to sample³: _____ (List Sources)
(Collect one sample for *E. coli* from each ground water source on line in the past 30 days of collection and representative of the routine total coliform-positive sample result within 24 hours of being notified of the positive sample result.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (ONLY IF REQUIRED)

3. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, sink faucet, etc.)

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Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Ψ Systems with ground water sources must take "triggered source samples" in response to positive routine total coliform sample results in the distribution system.

Routine Sample Location: (ONLY IF REQUIRED)

4. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, sink faucet, etc.)

Ψ Ground water triggered source(s) to sample³: _____ (List Sources)
(Collect one sample for *E. coli* from each ground water source on line in the past 30 days of collection and representative of the routine total coliform-positive sample result within 24 hours of being notified of the positive sample result.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location: (ONLY IF REQUIRED)

5. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, sink faucet, etc.)

Ψ Ground water triggered source(s) to sample³: _____ (List Sources)
(Collect one sample for *E. coli* from each ground water source on line in the past 30 days of collection and representative of the routine total coliform-positive sample result within 24 hours of being notified of the positive sample result.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Report Prepared by: _____

Signature and Title: _____ Date: _____

ADDITIONAL INFORMATION**As an alternative to Triggered Monitoring of source water including a fecal indicator the PWS may:**

1. For pop. <1,000 ppl.: Total Coliform repeat sample at source with a GWR-method *E. coli* analysis
2. Conduct Compliance Monitoring consisting of:
 - Continuous monitoring of the disinfectant residual in the distribution system
 - Record the lowest daily value of disinfectant residual in the distribution system
 - For pop. <3,300 people: daily grab-sample monitoring of the disinfectant residual in the system
3. Request representative Triggered Source Monitoring of system zones
4. Submit a report demonstrating 4-Log Treatment of viruses

➤ If a triggered source sample result is *E. coli*-positive, the system must conduct Tier 1 notification and collect five (5) add'l source samples within 24 hours of being notified of the *E. coli*-positive sample result.

Ψ Systems with ground water sources must take "triggered source samples" in response to positive routine total coliform sample results in the distribution system.

KEEP A COPY OF THIS FORM FOR YOUR REFERENCE AND USE